LIAMENTARY AFFAIRS, DEPARTMENTS OF ELECTRONICS AND OCEAN DEVELOPMENT (SHRI EDUARDO FALERIO): (a) Yes, Sir.

(b) The computer systems and associated operating systems now-a-days available in the market have lot of features by which adequate level of security for data in the computer can be maintained. The encryption devices are available which encrypts the data within the computer and the data flowing on a network between the two computers. In addition, user organisations form their own procedures and guidelines for the use of computers and protect data according to their need. This include the password, identification number, authorisation to use the system and physical access. These features are built in the application software over and above the security features of computer hardware and associated operating software. The Government of India had also appointed a committee in 1989 to study the computer viruses which are also classified as a part of the computer crimes. The committee has analysed the type of viruses which can affect the computers and its vulnerability to data networks in India. the committee also prepared guidelines to tackle such viruses. The report of the committee and the guidelines were widely circulated to the major users in the country.

(c) Out of 147 Indian Missions/Posts abroad, 99 were using computers in various areas of their functioning as on 31st March, 1995. As for the remaining Missions/Posts, computers are proposed to be introduced during the current financial year, subject to availability of funds.

Irregularities in CGHS Dispensary No. 86 at Rohini

4718. SHRI GHUFRAN AZAM: Will the PRIME MINISTER be pleased to state:

(a) whether CGHS dispensaries are empowered to give substitutes for medicines to patients suffering from serious ailments like cardiac diseases, asthma, flatulance and skin diseases even after these medicines are precribed as 'Essential' by specialist of referral hospitals;

(b) if so, the reasons thereof;

(c) if not, why dispensary No. 86 at Rohini, Delhi has been giving substitutes like Monn for Monotrate-20, Diltiazem for Dilgam, Isosorbide Dinitrate for Angised, Famotidine for Famocide, Sopep for Omez, Cispel or Motilax for Ciza, zallpam for Aizolam, Beton for Betnovate and Kodryl for solvin for the last six months; and

(d) whether Government propose to direct the CGHS dispensaries not to give substitutes for essential medicines?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) No, Sir.

(b) Does not arise.

(c) As per Government policy and as per Haathi Committee recommendations, single salt items are procured and supplied in generic name. Most of these items mentioned are single salt preparation and hence, supplied in generric name by Medical Store Organisation. Other items like Beton & Kodryl and listed and approved in the formulary. Further, such non-formulary medicines and procured in the same brand name from the local chemist and no complaint has been received in this regard as so far.

(d) Does not arise.

चिकित्सकों द्वारा निजी प्रैक्टिस करने पर प्रतिबंध

4719. श्री दिग्विजय सिंह सिंह खूडेव: क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) देश के कौन-कौन से राज्यों ने सरकारी चिकित्सकों द्वारा निजी प्रैक्टिस करने पर पूर्णतय या आंशिक रूप से प्रतिबंध लगा रखा है;

(ख) निजी प्रैक्टिस पर प्रतिबंध के कारण राज्य सरकारों पर पड़ने वाले अतिरिक्त आर्थिक भार को कम करने के लिये केन्द्रीय सरकार द्वारा वर्ष 1991-92 से

वर्ष 1993-94 तक किन-किन राज्यों को कितनी-कितनी सहायता राशि प्रदान की गई है;

(ग) देश के कौन-कौन से राज्यों ने मंत्रालय से निजी प्रैक्टिस पर प्रतिबंध लगाने तथा इस संबंध में केन्द्रीय सहायता देने की मांग की है और ये प्रस्ताव कब से विचाराधीन है; और

(घ) क्या मध्य प्रदेश सरकार ने कभी इस प्रकार का प्रस्ताव केन्द्रीय सरकार के समक्ष रखा है; यदि हां, तो उस पर की गई कार्यवाही का ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में उप मंत्री (श्री पबनसिंह घाटोबार): (क) से (घ) संविधान के अधीन स्वास्थ्य प्राथमिक तौर पर राज्य का विषय है और डाक्टरों द्वारा की जा रही प्राइवेट प्रैक्टिस पर उपयुक्त विधान द्वारा प्रतिबंध लगाना संबंधित राज्य सरकार का कार्य है। डाक्टरों द्वारा की जा रही प्राईवेट प्रैक्टिस पर प्रतिबंध लगाने के कारण सरकार द्वारा किये गये अतिरिक्त खर्च की प्रतिपूर्ति करने संबंधी कोई स्कीम/प्रस्ताव केन्द्र प्रस्ताव केन्द्र सरकार के पास नहीं है।

Provision for Cardiac Care in Government dispensaries

4720. SHRI O. P. KOHLI: Will the Minister of PRIME MINISTER be pleased to state:

(a) whether 90 per cent of the patients who suffer from heart attack in the country are not getting even basic cardiac care which is necessary before rushing them to the hospitals;

(b) whether the mode of treatment varies from hospital to hospital; and

(c) if so, whether Government propose to provide cardiac care to the people at the primary health care centres and in the Government dispensaries in cities?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) No such information is available.

(b) The principles of treatment of heart-attack is the same in all hospitals, but the exact mode of applying their principles may very depending on the availability of diagnostic, monitoring and treatment facilities.

(c) Primary treatment facilities for heart patients are available in almost all the District and sub-divisional hospitals.

Cases of Cholera and Gastroenterities

4721. SHRIMATI VEENA VERMA:
SHRI SUSHILKUMAR SAMBHAJIRAO SHINDE:
SHRI YERRA NARAYANA-SWAMY:

Will the PRIME MINISTER be pleased to state:

(a) whether cholera and gastro-enterities have afflicted large parts of Uttar Pradesh, Madhya Pradesh, Maharashtra, Gujarat and other States and Union Terriotories in 1994-95;

(b) if so, the number of cases reported this year and the comparative figures for the past two years and whether the frequency is due to poor sanitation and poor water quality; and

(c) the steps taken by Government, indicating the Central assistance in cash and the help rendered to handle the situation effectively?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): (a) Cholera and gastroenterities cases have been reported in some parts of the country during 1994-95.

(b) As per available information 1,76,532 cases of cholera and acute diarrhoeal diseases (including gastroenterities) were reported in the country during the period January to March, 1995. The corresponding figures for the years 1993-94 and 1994 are 19,22,567 and 17,10,900 respectively.

Diarrhoeal diseases and other water borne diseases are caused by inadequate and unsafe water supply and poor waste disposal facilities creating unhygienic conditions particularly amongs low socio-economic groups.